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Complete and se	nd this form, toget	her with applicable	e fee(s), to: Mail	Mail Stop	ISSUE FEE oner for Patent	P	
4.				P.O. Box 1	450		
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INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	correspondence including ed below or directed oth	or transmitting the ISSI of the Patent, advance of the Patent, advance of the patents in Block 1, by (UE FEE and PUBLIC orders and notification a) specifying a new c	CATION FEE of maintenance orrespondence	(if required). Bloce fees will be mai address; and/or (b	cks 1 through 5 she led to the current of indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for
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12/26/2006 EAYALEW2		10814434		Marty	Jones	Davier -	(Depositor's name)
01 FC:1501 1400.00 GP 02 FC:1504 300.00 GP			·		720/00	yoru -	(Date)
J3 FAPPLICATION NO.	Y. 00 DH FILING DATE		FIRST NAMED INVEN	TOR	ATTORN	EY DOCKET NO.	CONFIRMATION NO.
10/614,434 TITLE OF INVENTION	07/02/2003 I: METHOD AND APPA	RATUS FOR IDENTIF	Xuming Zhang YING THE ENCOD!	NG TYPE OF A		N225P-CON2 CE CODEC	7713
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	UE PREV. PA	AID ISSUE FEE	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$0	\$1700	03/12/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	; <u> </u>			
ZISKIND, ANNA Y 2611			375-222000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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4a. The following fee(s) Issue Fee	are submitted:	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-1205 (enclose an extra copy of this form).				
a. Applicant claim	tus (from status indicated is SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no		•		
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